

OATH STATEMENT IN PROOF OF LOSS



B2W0096	Amount of Policy \$1,828,000.00
Policy Number 630-190C7522	Effective - Expiration 12/31/99 - 12/31/00
Name of Agency CAIN & DIVVER INSURANCE AGENCY	

To the Travelers Property Casualty of Hartford Connecticut.

At the time of loss, by the above indicated policy of insurance you insured against loss by **EXPLOSION/FIRE** to the property described 51 BALLOU BLVD, BRISTOL RI according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

Time and Origin: A loss occurred about the hour of 3:00 A.M. on the 29th day of January The cause and origin of the said loss was: Explosion at coating line head.

Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: **Manufacturer of Tape**

Title and interest: At the time of loss the interest of your insured in the property described therein was . No other person or persons had any interest therein or incumbrance thereon, except: Citizens Trust & Co

Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: None

Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, , as more particularly specified in the apportionment besides which there was no policy or other contract of insurance, written or oral, valid. \$1,828,000.00

The Actual Cash Value of said property at the time of the loss was \$196,353.97

The Whole Loss and Damage was \$220,664.38

The Amount Claimed under the above numbered policy is

RCV = \$220,664.38 *
DEP = \$24,310.40 (COLLECTIBLE)
ACV = \$196,353.97 *
DED = \$5000.00
SUB = \$191,353.97
ADV = \$100,000.00
PAY = \$91,353.97

Does not include ServiceMaster

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Rhode Island
County of Bristol

William B. Wilbur, President
PATCO Corporation
- Insured

Subscribed and sworn to before me this 27th day of March 10 2000

Marie L. Knapman
NOTARY PUBLIC
STATE OF RHODE ISLAND
MY COMMISSION EXPIRES 03/31/02

Notary Public



WV 000074

Sworn Statement in Proof of Loss



Claim Number B2W0096	Amount of Policy \$1,828,000.00
Policy Number 630-190C7522	Effective - Expiration 12/31/99 - 12/31/00
Name of Agency CAIN & DIVVER INSURANCE AGENCY	

To the Travelers Property Casualty of Hartford Connecticut.

At the time of loss, by the above indicated policy of insurance you insured against loss by **EXPLOSION/FIRE** to the property described **51 BALLOU BLVD, BRISTOL RI** according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

Time and Origin: A loss occurred about the hour of 3:00 A.M. on the 29th day of January The cause and origin of the said loss was: **Explosion at coating line head.**

Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: **Manufacturer of Tape**

Title and interest: At the time of loss the interest of your insured in the property described therein was . No other person or persons had any interest therein or incumbrance thereon, except: **N/A**

Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: **None**

Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, . as more particularly specified in the apportionment besides which there was no policy or other contract of insurance, written or oral, valid. **\$1,828,000.00**

The Actual Cash Value of said property at the time of the loss was

The Whole Loss and Damage was

Pat 2 14
 BPP & MACHINERY CLAIM = \$420,803.76
 ADVANCE PAYMENTS = -\$250,000.00
 BALANCE PAYABLE = \$ 170,803.76

The Amount Claimed under the above numbered policy is

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss: no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of RHODE ISLAND

County of BRISTOL

W.B. Wilbur
 William B. Wilbur
 - Insured

President
 PATCO Corporation

Subscribed and sworn to before me this 21st day of MARCH 1920

Pat J. Colella
 Notary Public
my commission expires 6/27/01

Notary Public

Sworn Statement in Proof of Loss



Claim Number B2W0096	Amount of Policy \$1,500,000
Policy Number 630-190C7522	Effective - Expiration 12/31/99-12/31/00
Name of Agency Cain & Divver Insurance Agency	

To the Travelers Indemnity Company of Illinois of Hartford Connecticut.

At the time of loss, by the above indicated policy of insurance you insured against loss by **Explosion/Fire** to the property described at **51 Ballou Blvd, Bristol, RI 02809** according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

Time and Origin: A loss occurred about the hour of **3:00 A.M.**, on the **29th** day of **January 2000**. The cause and origin of the said loss were: **Explosion at Coating Line**

Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: **Tape Manufacturing Facility**

Title and interest: At the time of loss the interest of your insured in the property described therein was. No other person or persons had any interest therein or incumbrance thereon, except: **N/A**

Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: **None**

Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, as more particularly specified in the apportionment besides which there was no policy or other contract of insurance, written or oral, valid. **\$1,500,000**

The Actual Cash Value of said property at the time of the loss was

Extra Expense **\$162,462.44**

B/I **\$ 74,757.60**

The Whole Loss and Damage was

Subtotal **\$237,220.04**

Advance **-\$75,000.00**

Balance Due **\$162,220.04**

The Amount Claimed under the above numbered policy is

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Rhode Island

County of Bristol

William W. Wilbur, President
- Insured
PATCO Corp.

Subscribed and sworn to before me this 27th day of July 2001

M. J. K. Notary Public

(52536-D) 1-80

NOTARY PUBLIC
STATE OF RHODE ISLAND
MY COMMISSION EXPIRES 03/31/02

CAT. 491144
Printed in the U.S.A.

TRV 000070

Sworn Statement in Proof of Loss

TravelersInsurance

A member of citigroup



Claim Number B2W0096	Amount of Policy \$1,828,000.00
Policy Number 630-190C7522	Effective - Expiration 12/31/99-12/31/00
Name of Agency CAIN & DIVVER INSURANCE AGENCY	

To the of The Travelers Indemnity Company of Illinois Hartford Connecticut.

At the time of loss, by the above indicated policy of insurance you insured Patco Corp against loss by Explosion / Fire to the property described at 51 Ballou Blvd, Bristol, RI 02809 according to the terms and conditions of the said policy and all forms, endorsements, transfers, and assignments attached thereto.

Time and Origin: A loss occurred about the hour of 3:00 a.m. , on the 29th day of January 2000 . The cause and origin of the said loss were: . Explosion at Coating Line

Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: . Tape Manufacturing Facility

Title and interest: At the time of loss the interest of your insured in the property described therein was . No other person or persons had any interest therein or incumbrance thereon, except: .N/A

Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described except: .N/A

Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of loss, , as more particularly specified in the apportionment besides which there was no policy or other contract of insurance, written or oral, valid.

The Actual Cash Value of said property at the time of the loss was

Servicemaster Paid Direct \$98,633.14

The Whole Loss and Damage was

The Amount Claimed under the above numbered policy is

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Rhode Island

County of Bristol

William B. Wilbur President
- Insured PATCO CORP.

Subscribed and sworn to before me this 16th day of August 2001

Marie L. Knapman Notary Public

Notary Public

MARIE L. KNAPMAN
NOTARY PUBLIC

(52536-D) 1-80

STATE OF RHODE ISLAND
MY COMMISSION EXPIRES 03/31/02

CAT. 491144
Printed in the U.S.A.

TRV 000077